

Hanover County VA
COMMUNITY SERVICES BOARD

Annual Performance Analysis Report

July 1, 2022 - June 30, 2023

Table of Contents

Overview

Organization Description	3
Mission & Guiding Principles	4
Financial Information	5

Plan Implementation

Accessibility	6
Risk Management	7
Information Technology	9
Staff Training	10
Cultural Awareness and Competency	11
Demographics of Persons Served	12
Workforce	18

Goals, Objectives & Accomplishments

FY23 Operational Initiatives	18
FY23 Accomplishments	24
FY24 Performance Management	24

The Hanover County Community Services Board Performance Analysis Report for FY23 is presented to provide a broad overview of the agency’s efforts and accomplishments. Through a commitment to serve adults, families and children, the agency continues to have a positive impact on the lives of thousands of individuals in Hanover County. This would not be possible without the support of state and local stakeholders and the work of an outstanding team of dedicated professionals. The purpose of this annual report is to compile in a comprehensive manner the key information and data points that are utilized for administrative decision-making and program planning to best support the persons served by this agency.

Organization Description

Hanover County Community Services Board (HCCSB/CSB) provides mental health, developmental disabilities and substance use disorder treatment and prevention/wellness services for residents of Hanover County. The CSB is a department of Hanover County, is licensed by the Virginia Department of Behavioral Health and Developmental Services and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

The Hanover County CSB is one of forty Community Service Boards across the Commonwealth of Virginia. As per the Code of Virginia, the agency has a 12-member Board of Directors, each appointed by the Hanover County Board of Supervisors. The CSB operates in five locations around the county, including outpatient clinics in both Ashland and Mechanicsville. With a staff of approximately 150 and a \$13.8 million budget, HCCSB served nearly 2,400 individuals within our Mental Health, Substance Use Disorder and Developmental Disabilities service areas. More than 3,300 additional individual and 27,700 social media contacts were made as part of the agency’s Behavioral Health and Wellness programming.

Additional information about demographics and financial structure is provided later in this report. As the data indicate, the composition of those served reflects the broader community. The agency is fortunate to have the level of financial support of the local governing body which in many ways allows the agency great flexibility in developing and implementing programs that best meet the needs of those served.

Services

Clinical Services: Crisis and Acute Care, Adult and Child Mental Health and Substance Use Disorder Treatment and Case Management, Assertive Community Treatment, Medical Services, and Psychosocial Rehabilitation (RAFT House). Behavioral health wellness is offered through Community Education and Prevention Services.

Intellectual/Developmental Disabilities and Employment Services: Case Management, Day Health and Rehabilitation, and Employment Support Services.

Mission & Guiding Principles

The Hanover County Community Services Board is committed to the following principles:

Recovery-Oriented and Person-Centered Services

Using a culturally sensitive, recovery-oriented and person-centered approach with individuals, families and community stakeholders to provide the knowledge, skills, support and resources that each seeks.

Collaboration

Forming positive and equal partnerships with organizations and individuals based on cooperation, mutual respect and open communication where their input is encouraged, valued and informs quality improvement.

Quality

Providing nationally accredited best practice supports and services that meet or exceed standards of care and performance standards and on which continuous quality improvement standards are focused.

Staff Development

Hiring, training and facilitating the development of top quality peer and professional staff to ensure and motivate a highly-trained workforce.

Community Based

Providing services and supports as close as possible to the Individual's home, in as natural a setting as possible, and with opportunities for individuals to meaningfully contribute to their community.

Effectiveness, Efficiency and Satisfaction

Focusing all operations on maximizing the effectiveness of direct services and supports, the financial and operational efficiency of the organization and maintaining individual and stakeholder satisfaction.

Our mission is to partner with individuals to provide supports and services in the areas of

- Mental Health
- Developmental Disabilities
- Substance Use Disorders

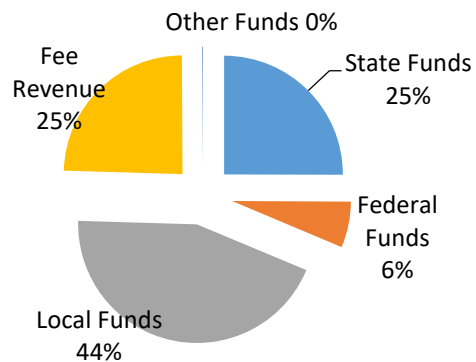
In their efforts to lead satisfying and productive lives in their communities.

Financial Information

The following information is provided per the FY23 Year End Performance Contract Report, as required by the Virginia Department of Behavioral Health and Developmental Services.

Revenue by Source

State Funds	\$	3,663,356	25%
Federal Funds	\$	909,306	6%
Local Funds	\$	6,451,143	44%
Fee Revenue	\$	3,570,653	24%
Other Funds	\$	12,639	0%
Total	\$	14,607,097	



Expenses by Program Area

Mental Health Services	\$	7,297,875	60%
Developmental Disabilities Services	\$	3,579,144	29%
Substance Use Disorder Services	\$	1,374,505	11%
Total	\$	12,251,524	

Accessibility

HCCSB strives to provide services and supports that are free from attitudinal, architectural, environmental, financial, employment, communication, transportation and other barriers. The organization has five locations. Each facility is barrier-free, handicapped-accessible and licensed by the Commonwealth of Virginia, Department of Behavioral Health and Developmental Services (DBHDS). All services and practices conform to local, state and federal requirements regarding accessibility and many tools and resources are already in place (i.e. TTD line, access to interpreters, monitoring of physical facilities to address barriers, etc.). As the agency works to ensure the greatest accessibility for all staff, stakeholders and service recipients, the following are noted for FY23 as a snapshot of the agency's efforts:

Architectural – HCCSB monitors and adjusts architectural supports as needed to ensure the individuals in our community are able to access needed supports and services.

Recommendations/Status:

- The Atlee Office needed carpet replacement due to fraying edges that were creating a potential trip/fall hazard. **Completed**
- The Ashland and Bell Creek office locations received increased outdoor space for therapy as well as for staff to refresh outside of the office. **Completed**

Environmental – HCCSB recognizes the environmental challenges presented to our individuals served. HCCSB partners with community agencies and supports to reduce the environmental barriers that exist for individuals served. A healthy and safe environment for individuals and staff is important to HCCSB.

Recommendations/Status:

- Create a secure place for individuals to participate in telehealth when they are unable to do so from their home. **Completed**
- Allow clinician to engage her facility dog in sessions with children. **Completed**

Attitudinal – HCCSB strives to reduce the attitudinal barriers in our culture that can limit individual's access to services. HCCSB works with area agencies and the community to reduce stigmas and to become more culturally competent to the diverse needs of the population served.

Recommendations/Status:

- HCCSB could reduce attitudinal barriers by creating a Public Awareness Committee. **Committee established within the HCCSB Board; Ongoing**
- Increase awareness among all agency staff regarding impacts of racism and mental health. **Ongoing**
- Develop a mechanism to allow more feedback from those served as well as stakeholders. **Completed**

Financial – HCCSB strives to reduce the financial barriers in our community that could limit access to services.

Recommendations/Status:

- To increase access to funding to support individuals with I/DD to get out of more restrictive environments and move into independent housing. **Completed**
- HCCSB would like to reach the population of incarcerated individuals or individuals that have a history of opiate abuse in order to link individuals with MAT. **Ongoing**
- Have the ability to provide SMART Recovery services (non-spiritually based). **Completed**

Employment – HCCSB strives to increase employment opportunities when possible.

Recommendations/Status:

- Increase business partners with Supported Employment. **Ongoing**
- Provide additional documents in Spanish, and other languages as applicable. **Completed and Ongoing**

Communication – HCCSB recognizes and values communication with the individuals receiving services.

Recommendations/Status:

- Increase access to translation services. **Ongoing**
- Increase access for those served to medical staff. **Completed**

Community Integration – HCCSB strives to increase opportunities within the community on an ongoing basis.

Recommendations/Status:

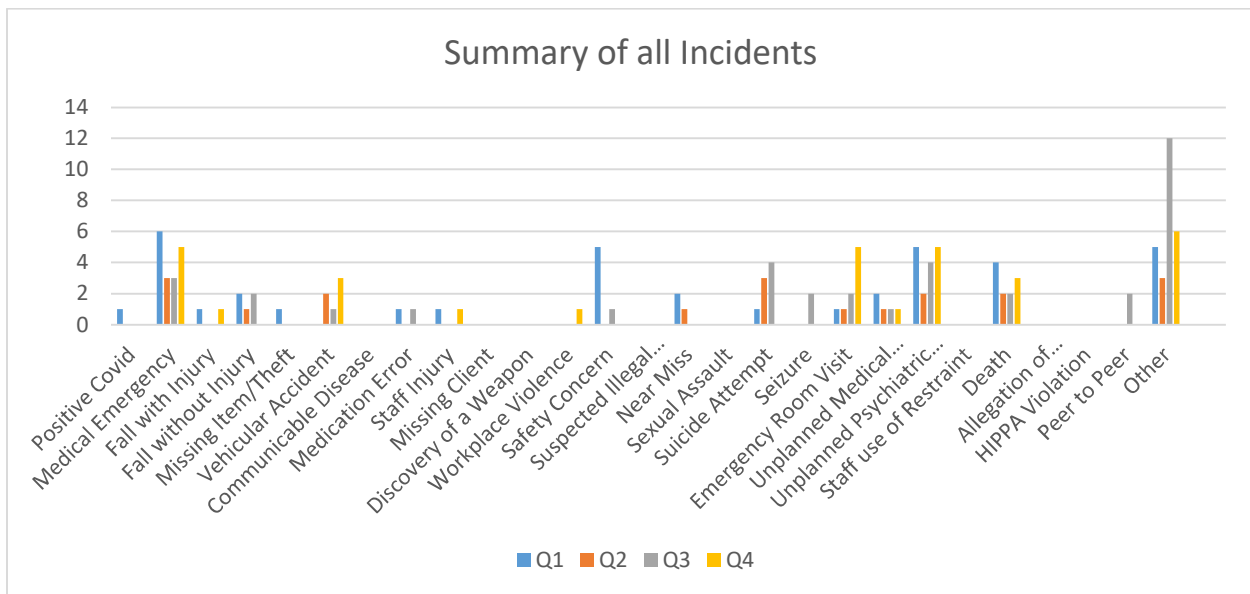
- Develop increased community awareness around gun safety. **Ongoing**
- Increase programming for the Spanish speaking population. **Completed and Ongoing**
- Expand mental health school-based services across the County. **Completed and Ongoing**

Risk Management

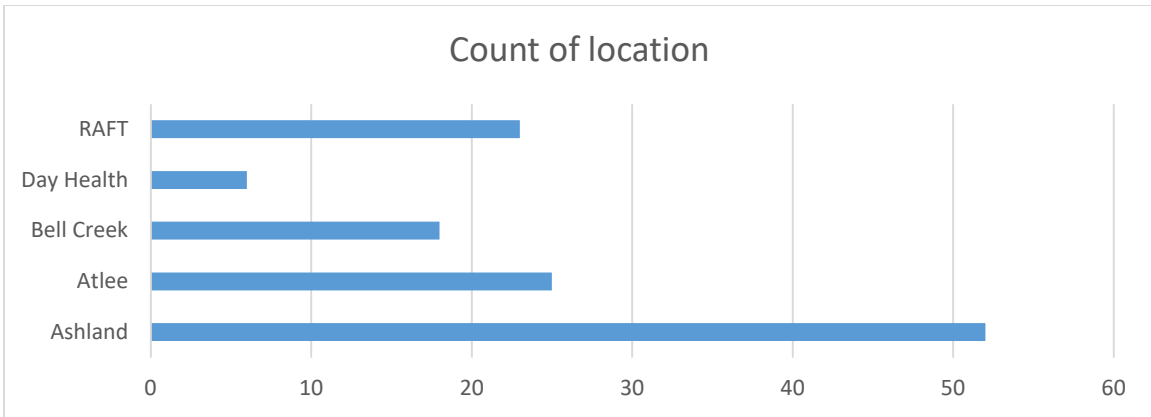
HCCSB has a safety committee comprised of safety offices from each location. This committee rotates its chair for each meeting. The safety committee meets quarterly to address any areas of potential risk, review safety policies, and compliance with all drills and inspections.

During FY23, the HCCSB has continued to review critical incidents during the Incident Review Committee meeting. This committee meets bimonthly to review all levels of incidents and make any needed recommendations.

There was a total of 125 critical incident reports completed in FY23. HCCSB reports all incidents, including staff only incidents and Level 1 incidents (*an incident that originates or occurs on the premises of the provider or during the provision of services that does not result in serious harm to the individual, but could have had the potential for harm significant harm*). All Level II (*serious incident that occurs or originates during the provision of services that results in significant harm or threat to the health and safety of an individual*) and Level III incidents (*a serious incident whether or not the incident occurs while in the provision of a service or on the providers premises and results in any death, sexual assault, an injury that will likely result in permanent physical or psychological impairment, and any suicide attempt*) are required to be reported through the CHRIS system and a Root Cause Analysis must be completed using the 5 Why's Approach for those incidents that occur on our premises or during the provision of a service. In FY23 a total of 55 reports were made to DBHDS in various categories of Level II and Level III incidents. In addition to the requirements set forth by the Department of Behavioral Health and Developmental Services, Hanover County requires HCCSB staff to complete a Hanover County Incident/Injury Report whenever a staff, person served or visitor is injured in a Hanover County program. The county tracks incidents by calendar year and not fiscal year due to OSHA reporting requirements.

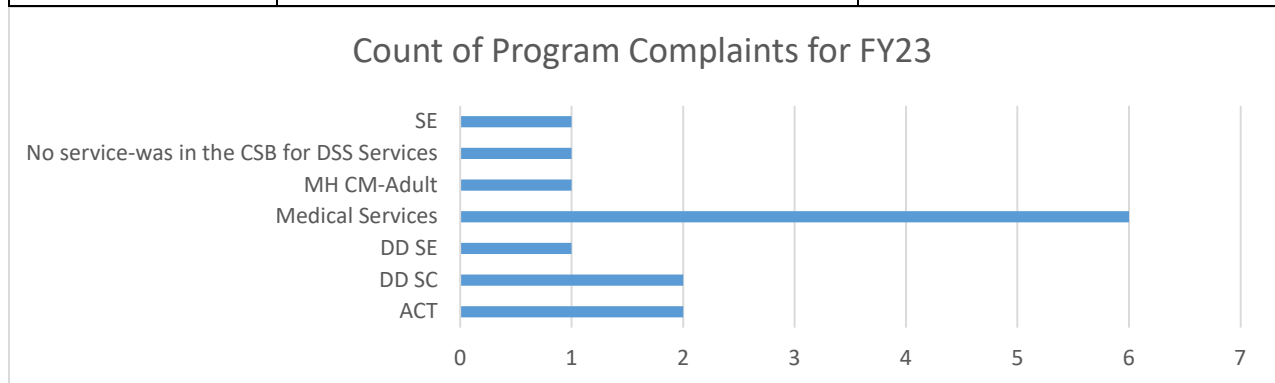


Looking at these incidents by location yields the information as presented in the following chart. The Ashland office is the largest facility, housing staff members who provide administrative support as well as mental health, crisis and substance abuse services. The Atlee Commons facility houses Support Coordination, Supported Employment, Supportive Living, Behavioral Health Wellness/Prevention Services, and Business Operations. Employment Services provided from this office include both Individual and Enclave opportunities. The Stonewall Parkway facility (Day Health and Rehabilitation) provides day support services to an on-site population which includes individuals with intellectual/developmental disabilities, challenging behavioral issues and who can be medically fragile. For additional information on specific information regarding an incident, reference the FY23 Annual Critical Analysis Report.



The Department of Behavioral Health and Developmental Services also requires that all allegations of individual human rights violations be reported in the CHRIS system. Human Rights regulations were established to protect the rights of the individuals served, and individuals are informed of their rights during the initial phase of service provision. They receive information on who to contact to file a complaint by their service provider. This information is also posted in the lobbies of all facilities, and providers review it with those they serve on an annual basis. Additionally, the CSB must report all suspected cases of abuse and neglect and all human rights complaints must be filed through the CHRIS system. In cases of suspected abuse, neglect, or any complaint filed in violation of state human rights regulations, the CSB’s Quality Assurance Team is required to complete an internal investigation within a specific time frame to determine if the complaint or the suspected abuse or neglect is “founded” or “unfounded”. The internal investigation will also outline recommendations for corrective action if the complaint or suspected abuse or neglect is founded. The Executive Director along with the Division Director will determine whether disciplinary action is warranted. In FY32, HCCSB filed seven potential Human Rights violations in FY23. In total the HCCSB investigated 14 complaints over 2023, however only licensed programs are reported through the CHRIS system.

Type of Report	Founded	Unfounded
Totals	5	9



Information Technology

HCCSB complies with the policies and procedures of the Hanover County Information Technology Department (ITD). HCCSB uses a web-based electronic health record (EHR) system

called Credible. Since Credible is an ASP, the servers are off-site, data backups are done automatically and backups are stored off site. In the case of a disaster, users could access Credible from any place that provides Internet connectivity. HCCSB has a server that is used to house user document, and backups of this data are taken periodically. In the case of a disaster, HCCSB would purchase an industry standard server and restore the data from the backups to the server in order for employees to access the data.

During FY23 HCCSB was able to add Business Intelligence to our current EHR, Credible, in order to obtain real time data and report functions. We currently have three staff trained and they are working to develop reports that will benefit all programs. We also continue to explore completing Credible Optimization, that will take place in FY24.

Staff Training

The following education and training was provided to HCCSB staff in FY23. Training is now accomplished through a combination of in-service and on-line training modalities. During FY23 the Hanover CSB entered into a regional partnership with Relias for many of our required trainings. The County also obtained a new training system through NeoGov where all HCCSB staff also complete county required trainings.

1. First Aid & CPR for all direct service staff.
2. Therapeutic Options behavior management training for direct service staff.
3. DLA-20 Assessment training for all MHSUD staff.
4. 42 CFR Part II training for all staff.
5. Fraud Waste and Abuse
6. Ethics in the Workplace
7. Person Center Practices
8. Cultural Competency
9. Health and Safety training for all new employees and annually for all other staff.

This included, but is not limited to:

- HCCSB Safety Practices
 - Emergency Procedures/Preparedness/Evacuation
 - Critical Incident Reporting
 - Universal Precautions/Blood Borne Pathogens
 - Workplace Violence Prevention
 - Fire Detection and Suppression
 - Safe Driving
 - Slips, Trips & Falls
 - Back Safety
 - Office Ergonomics
10. Additional job function/professional development trainings to meet staff needs including, but not limited to, human rights, confidentiality, and corporate compliance.

Staff are required to document completion of required training as part of new staff orientation and annually thereafter.

In addition to HCCSB specific trainings, Hanover County Employees are also offered professional development trainings directly through the County. These include but are not limited to: Substance Abuse in the Workplace, Diversity and Respect, Grief, Customer Service, Harassment Prevention, Time Management and Organization, Autism, Ethics, Mental Health First Aid, and Understanding Teen Depression. These trainings are offered throughout the year.

HCCSB is also part of Region IV, and as a region there is a training committee that offers trainings to staff at each community service boards across the region. During FY23 the following training opportunities were offered: Trauma Informed Support for People with Intellectual Disabilities, Motivational Interviewing, Post Traumatic Recovery Workshop, ASAM-train for change, Trauma Informed Care in Community Mental Health, DLA-20, Addressing Equity Issues in Trauma-Informed Care with Dr. Jessica Brown, and Preventing Veteran Suicide Through Deepening our Understanding of the Lived Experiences of the LGBTQ+ Veterans.

Cultural Awareness and Competency

HCCSB recognizes its talented and diverse workforce as a key advantage in meeting the needs of the residents of Hanover County who seek services related to mental health, intellectual/developmental disabilities and/or substance use disorders. As each of those individuals come with their unique and diverse experiences and perspective, so must our personnel, Board Members and other stakeholders. As an organization, we work to bring attention to and to demonstrate respect for such diversity in the development of our agency culture, program development and implementation and leadership.

HCCSB believes in treating all people with respect and dignity. We strive to create and foster a supportive and understanding environment in which all individuals realize their maximum potential within the agency, regardless of their differences. We are committed to employing the best people to do the best job possible. We recognize the importance of reflecting the diversity of the individuals we serve and the residents of Hanover County.

HCCSB strives to be diverse along many dimensions. Our diversity encompasses differences in culture, ethnicity, gender, language, age, sexual orientation, spiritual beliefs, socio-economic status, physical and mental ability, thinking styles, experience, and education. We believe that the wide array of perspectives, including those offered by our staff serving in a peer support role, promotes sensitive quality service delivery and sound management practices. Addressing and acknowledging diversity makes us more creative, flexible, productive and respectful of those we serve, each other, our stakeholders and the community at-large. HCCSB expects all staff to display cultural competence as outlined in the agency's Cultural Competency and Inclusion Plan; this is reiterated through the supervisory relationship.

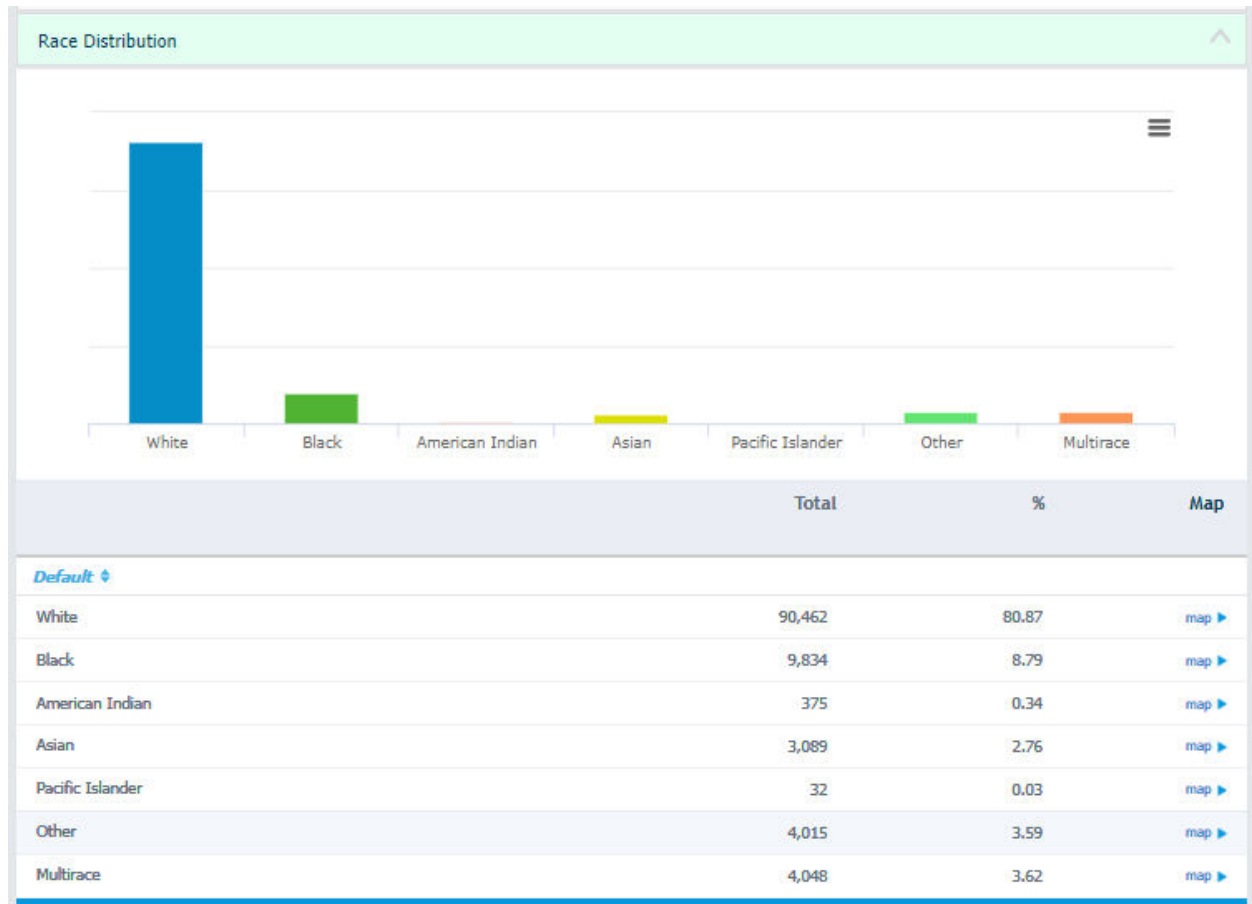
During FY22, HCCSB partnered with the National Council for Mental Wellbeing's Trauma-Informed, Resilience Oriented, Equity Community of Practice (TIROE). This was a yearlong commitment and a facilitated process lead by the National Council's trauma informed experts in

order to develop and implement a trauma informed and resilience-oriented equity plan. Several HCCSB staff from all levels of the organization have joined this committee. During FY23, the TIROE committee continued to follow through on their commitment to offer trauma informed education initiatives and opportunities, and this initiative will continue into FY24 with additional opportunities for trainings and discussions.

Demographics of Persons Served

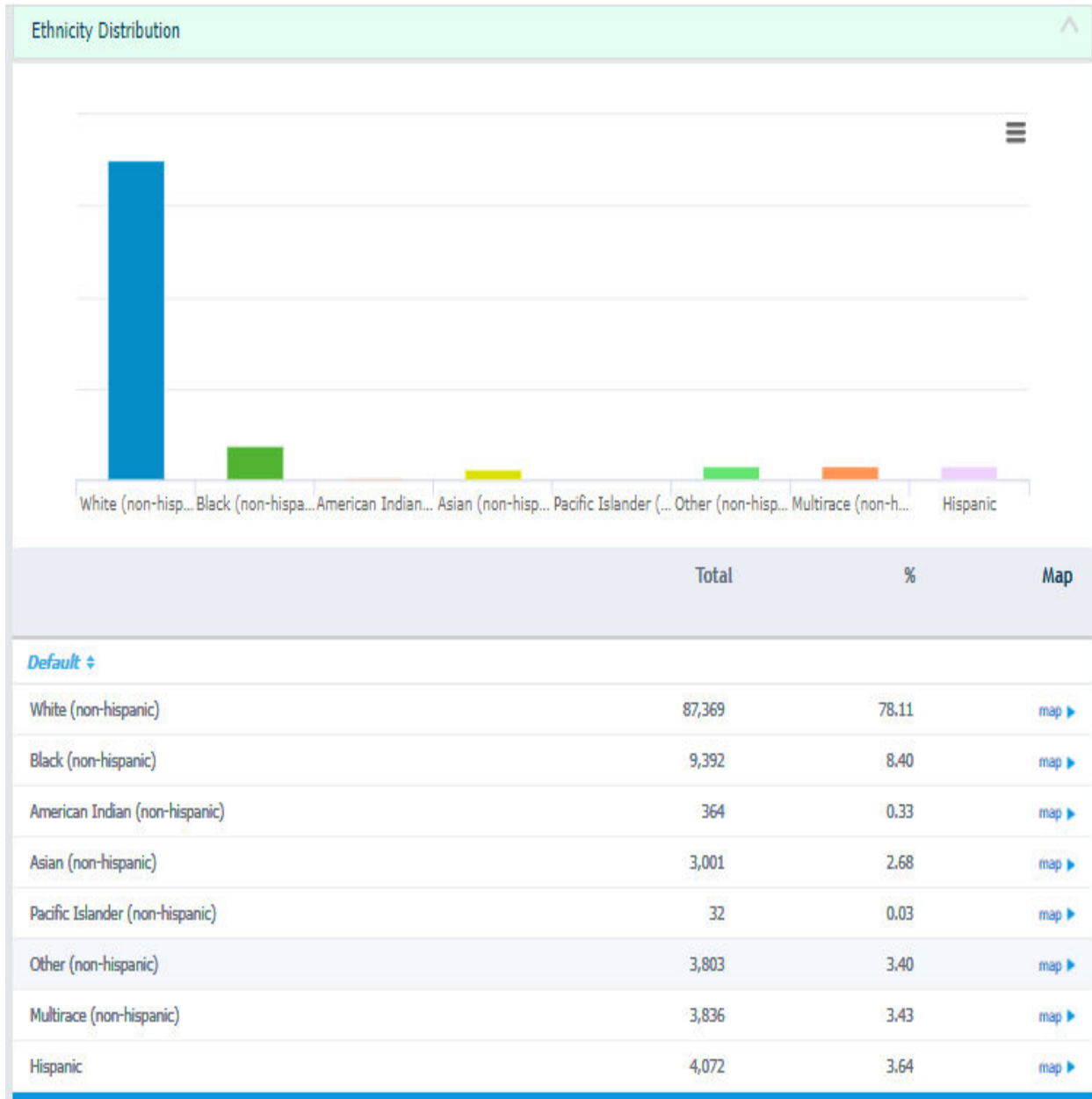
Population: According to data provided by Applied Geographic Solutions 2022, Hanover County’s population reached 111,855 in FY 2023.

Race of the population: Data reports that the Race make up of Hanover County includes the following: 81 percent of the population identify as White/Caucasian, 9 percent identify as Black/African American, .3 percent identify as American Indian, 3 percent identify as Asian, .03 percent identify as Pacific Islander, 4 percent identify as Other, and 4 percent identify as Multi-race. Applied Geographic Solutions 2022



Ethnicity of the population: Data reports that the Ethnicity make up of Hanover County includes the following: 78 percent of the population identify as White (Non-Hispanic), 8 percent

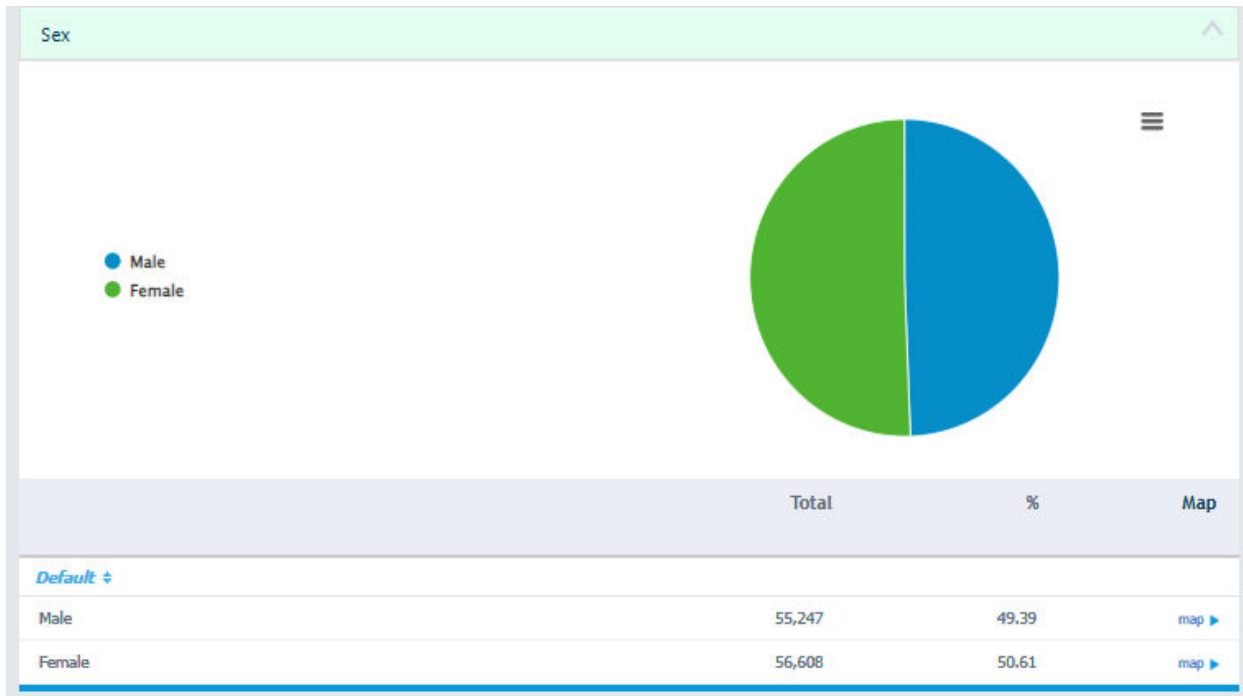
identify as Black (Non-Hispanic), .33 percent identify as American Indian (Non-Hispanic), 3 percent identify as Asian (Non-Hispanic), .03 percent identify as Pacific Islander, 3 percent identify as Other (Non-Hispanic), 3 percent identify as Multiracial (Non-Hispanic), and 4 percent identify as Hispanic. Applied Geographic Solutions 2022



Age Distribution: Noting the chart below, 24.35 percent of Hanover’s population is under the age of 19; 57.65 percent of the population is between the ages of 20-64; and 17.99 percent of the population is 65 or older. Applied Geographic Solutions 2022



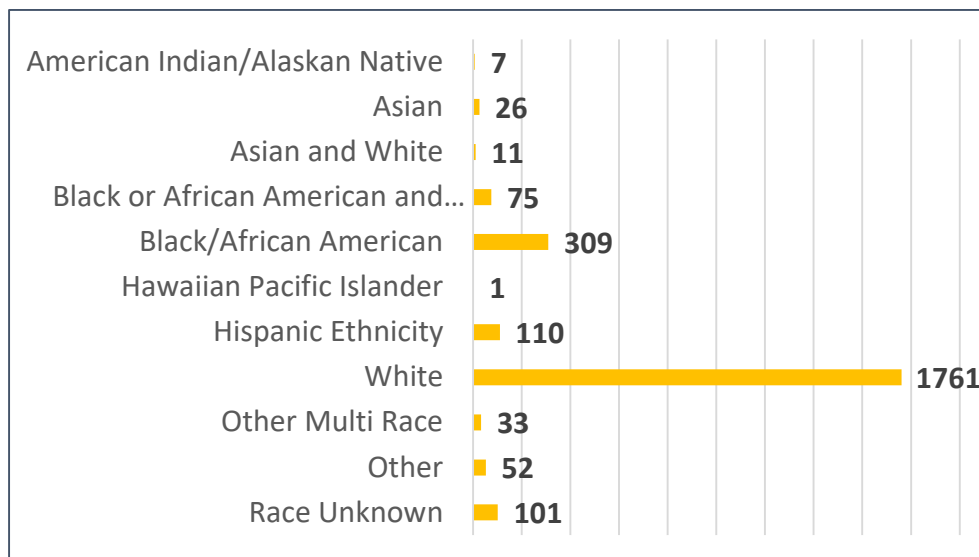
Gender of the Population: Noting the chart below, 49.39 percent of Hanover’s population identifies as male and 50.61 percent of the population identifies as female. Applied Geographic Solutions 2022



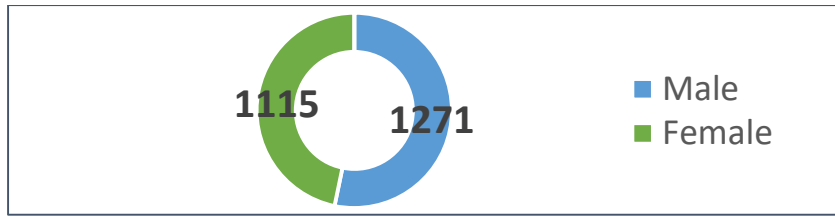
The above charts provide an overview regarding the demographics of Hanover County. The above Information was obtained from [Demographics: Hanover County Virginia Economic Development \(hanovervirginia.com\)](https://www.hanovervirginia.com). Source is Applied Geographic Solutions 2022.

The following charts provide an overview of the persons served at Hanover County CSB.

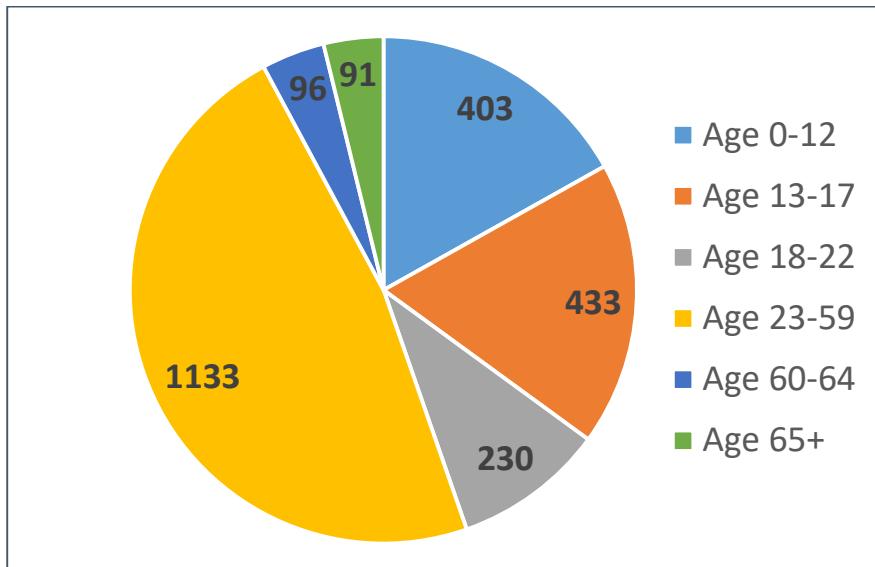
Consumers by Race/Ethnicity



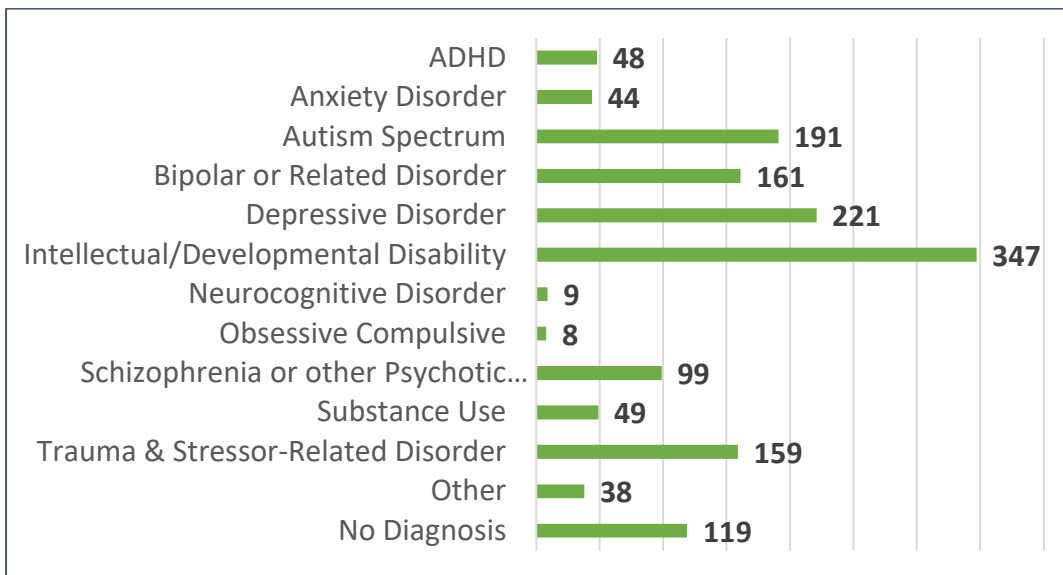
Consumers by Gender



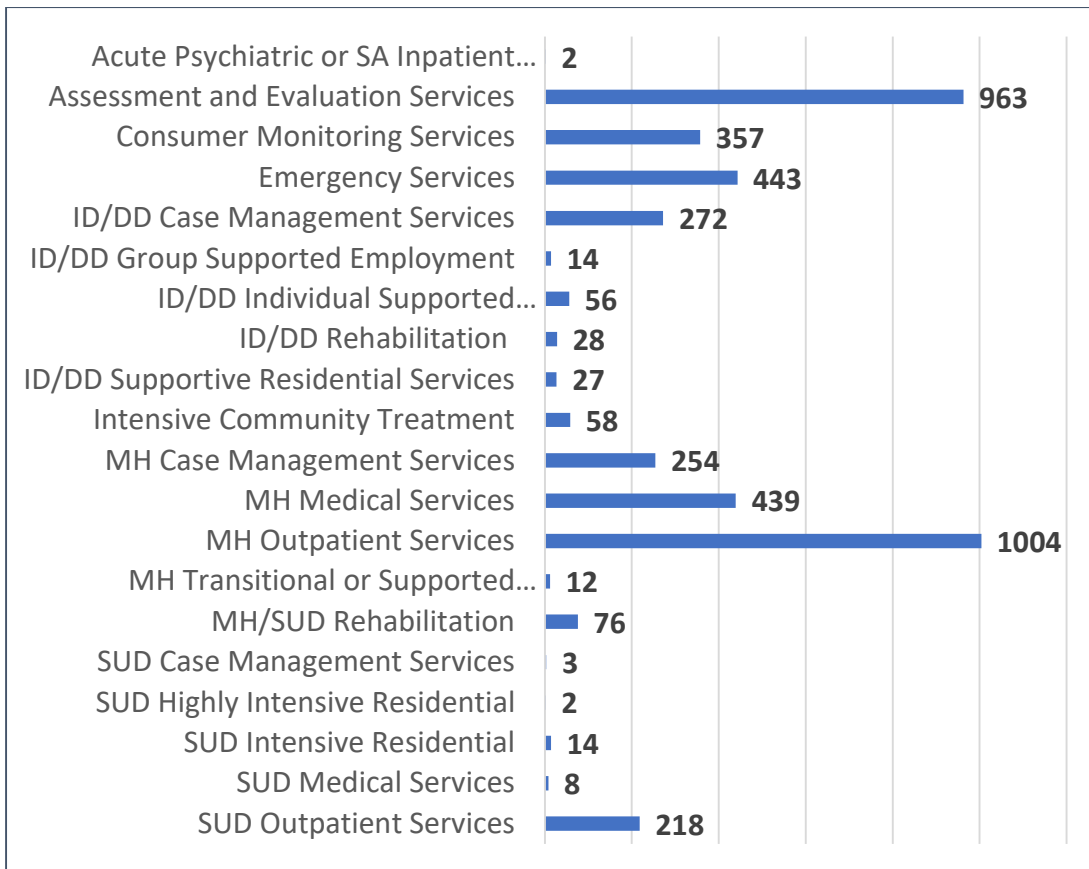
Consumers by Age



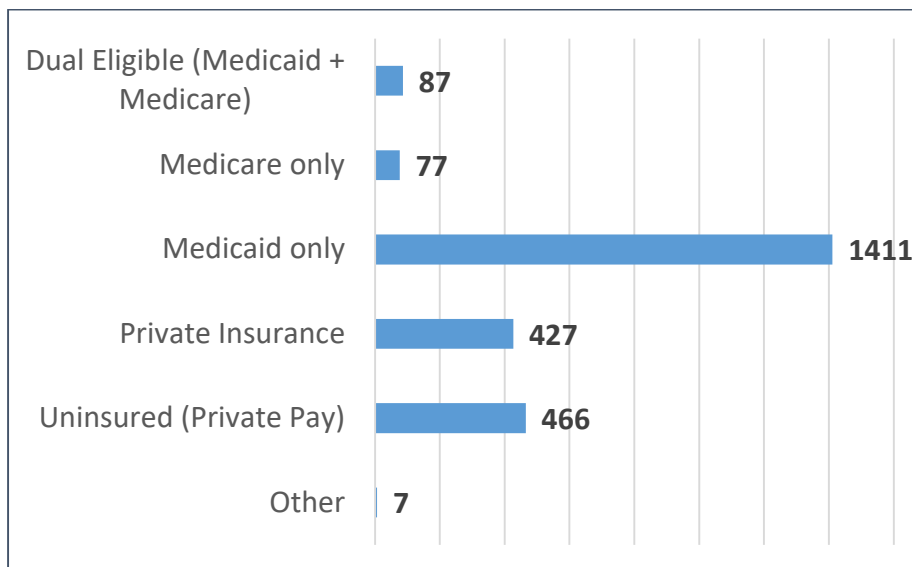
Consumers by Primary Diagnosis



Consumers by Service

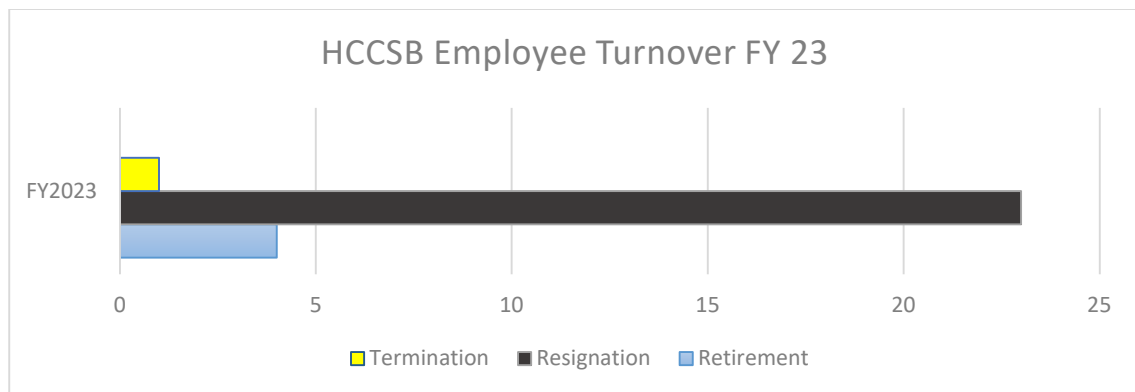
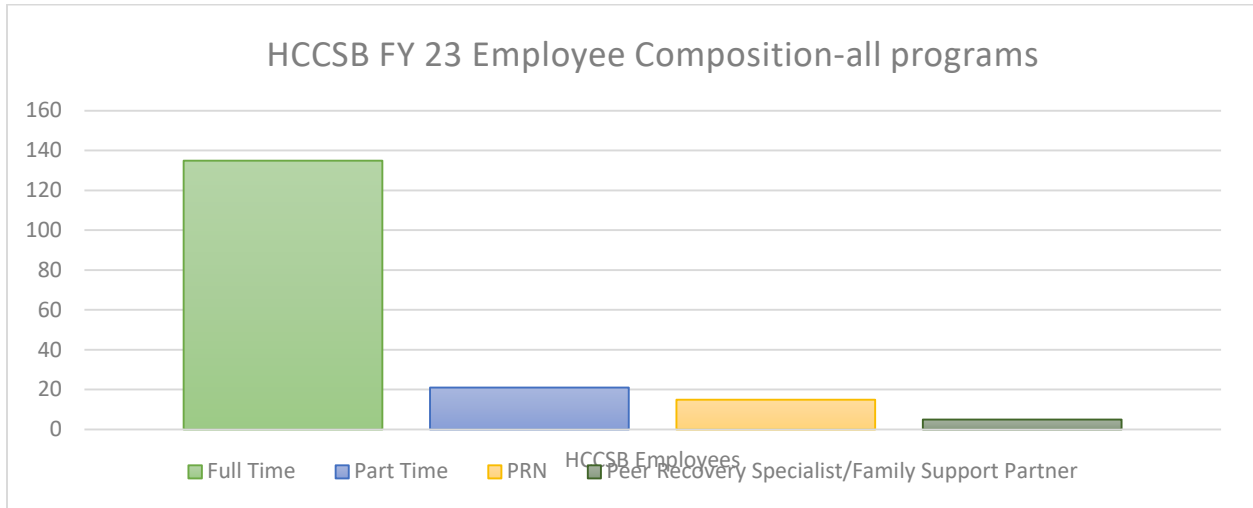


Consumers by Insurance



Work Force

During FY23, HCCSB had 5 internal promotions and there were 9 lateral staff changes for positions. Twenty-eight positions were vacated and 25% occurred during the first eleven months of a staff member's employment. Out of the twenty-eight vacated positions for FY23, 11 positions are currently open or in the process of a new hire. The new positions for FY23 included the following: Reimbursement Supervisor, Business Systems Analyst/Manager, Family Support Partner, Case Aide, School-based Clinical Supervisor, and 5 School-based Clinician positions. The Turnover Rate for HCCSB for this current FY23 is 18%.



FY23 Operational Initiatives

The agency's operational goal of continuous improvement in Program Effectiveness, Efficiency and Services to Consumers has been measured and analyzed with the following results.

OBJECTIVE	TASKS	TARGET	ACTUAL
To maintain and improve satisfaction and accessibility of persons served.	Quarterly conduct satisfaction surveys, which include accessibility measure, for persons served.	80% satisfaction	MHSUD Persons Served = 94% satisfaction MHSUD Accessibility = 94%
To maintain and improve satisfaction and accessibility of persons served.	Biannually conduct satisfaction surveys, which include accessibility measure, for persons served.	80% satisfaction	ACT Persons Served = 74% ACT Accessibility = 85% RAFT Persons Served = 95% satisfaction RAFT Accessibility = 92% SE Persons Served = 97% satisfaction SDA Person Served =97%
To maintain and improve satisfaction and accessibility of stakeholders.	Annually conduct stakeholder satisfaction surveys in May.	80% satisfaction	MHSUD: 88% I/DD: 100%
To improve client functioning and/or performance. (effectiveness measures)	Collect client and participant effectiveness data.	(See individual program measures below)	See below

Access for All Programs:

Access Objective: SDA was fully implemented in December 2017. 90% of individuals eligible for services will receive an appointment within 7 days.	Results: 56%, Not Met
Recommendation/Action Taken: Through same day access and centralized scheduling individuals are able to reduce wait times significantly and become engaged in services within a week.	Performance Improvement Plan: SDA continues to be successful. During FY23 HCCSB has experienced an increase in individuals seeking services as well as significant staff turnover and difficulty filling positions, including an SDA Supervisor. We believe that inaccurate data is impacting the quality of that metric, and we have

	identified challenges in the data entry and put strategies in place to mitigate.
ACT Access Objective: All individuals with an accepted referral who are interested in ACT will be assessed within 14 days.	Results: 100%, Met
Recommendation/Action Taken: Individuals who are referred and accepted as an appropriate referral will be assessed within 14 days in order to engage in services quickly.	Performance Improvement Plan: The ACT Team met this new measure during FY23. One individual was not assessed during the 14-day time frame after the accepted referral, however that individual did not want to pursue ACT services. This measure will be continued into FY24.
SE Access Objective: 90% of individuals referred to an employment services, will have a contact by an Employment Specialist within 5 business days following screening and DARS referral	Results: 100%, Met
Recommendation/Action Taken: Once the Employment Services Team receives information regarding the screening and referral, they will work to develop a plan to coordinate with that individual about next steps towards employment within the 5-day window.	Performance Improvement Plan: Supported Employment successfully met this goal during FY23.
SE Access Objective: Program will complete community education once per quarter 100% of the time. This will be tracked on the outreach spreadsheet maintained by the Program Coordinator on the S drive.	Results: 100%, Met
Recommendation/Action Taken: In order to expand community partners for employment opportunities for individuals with different abilities the SE Program will provide ongoing Community Education opportunities.	Performance Improvement Plan: This will continue to be evaluated in FY24.

MHSUD Outpatient, Case Management Outcomes – Adult and Children’s Team

<p>Effectiveness Objective: 50% of Individuals will increase their DLA score by .5 between quarters</p>	<p>Results: Adult - 57%; Child - 62%, Met</p>
<p>Recommendation/Action Taken: The DLA 20 Assessment tool will be administered at admission by the SDA Clinician, and quarterly thereafter by the Clinician that is providing Case Management/Outpatient services to the individual in order to track improvement in all domains.</p>	<p>Performance Improvement Plan: During FY23 both the adult and children’s team met their goal. Over the upcoming year Clinicians will continue to utilize the DLA 20 as an assessment tool to monitor and track treatment outcomes and identify areas that may need additional focus for continued growth. The benefit of the DLA 20 will continue to be evaluated by the Division Director.</p>
<p>Efficiency Objective: 90% of full-time staff will provide a minimum of 100 hours per month of direct or client-related services per month.</p>	<p>Results: Adult - 101%, Met; Child - 65%, Not Met</p>
<p>Recommendation/Action Taken: A report is run from Credible and specific information is gathered on each staff member to analyze productivity and account for any overlapping activities, such as group therapy.</p>	<p>Performance Improvement Plan: During FY23 the Children’s Team did not meet their goal. Service hour expectations will continue to be evaluated over FY24 and clinicians will be encouraged to document all client related activities and care coordination in the EHR.</p>
<p>Efficiency Objective: 90% of Adult Team Clinicians and Case Managers will have one CM or TX contact for each individual served over a 30-day period.</p>	<p>Results: Adult - 89%, Not Met</p>
<p>Recommendation/Action Taken: A report is run from Credible to analyze each individual assigned to the program during the quarter and determine if they had a direct client activity.</p>	<p>Performance Improvement Plan: During FY223 the Adult Team increased their percentage of contacts in comparison with the data from FY22 and were only 1% short from meeting their goal. This will continue to be evaluated during FY24 with the goal remaining at 90%.</p>
<p>Efficiency Objective: 90% of Children’s Team Clinicians/Case Managers will meet the minimum requirement on one case management contact for each individual served during each month.</p>	<p>Results: Child - 93%, Met</p>

<p>Recommendation/Action Taken: A report is run from Credible to analyze each individual assigned to the program during the quarter and determine if they had a direct client case management activity.</p>	<p>Performance Improvement Plan: The Children’s Team exceeded their goal of 90% for FY23. This will continue to be evaluated in FY24.</p>
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Assertive Community Treatment (ACT) Outcomes

<p>Effectiveness Objective: 50% of individuals increase their score by .5 between quarters.</p>	<p>Results: 0%, Insufficient Data</p>
<p>Recommendation/Action Taken: The DLA 20 Assessment tool will be administered at admission by the SDA Clinician, and quarterly thereafter by the Clinician that is providing Case Management/Outpatient services to the individual in order to track improvement in all domains.</p>	<p>Performance Improvement Plan: During FY22 ICT transitioned to ACT, and experienced significant turnover. The DLA-20 was not completed with individuals quarterly consistently and therefore there was not enough data to evaluate. This trend continued into FY23. QA Team shared this information quarterly with the ACT Team, and after consultation with the Program Coordinator expectations have been reiterated with the team and they have chosen to continue this measure into FY24 as all staff should now be trained on completing the DLA 20.</p>
<p>Efficiency Objective: 80% of full-time staff will provide a minimum of 80 hours per month of direct or client-related services per month.</p>	<p>Results: 54%, Not Met</p>
<p>Recommendation/Action Taken: A report is run from Credible and specific information is gathered on each staff member to analyze productivity and account for any overlapping activities. Staff travel was not being counted into productivity which resulted in low numbers, however given this is a team model approach to treatment, it is recommended that additional activities be accounted for.</p>	<p>Performance Improvement Plan: The ACT Team continues to not meet this goal. During FY23 the team suffered turnover as well as staff on FMLA leave resulting in low productivity numbers. In order to increase client direct time, the Team has been encouraged to clearly document all client or client-related interventions. The team has also reduced daily med support to several individuals which will reduce time spent in travel and allow more time for direct interventions, therefore the expected hours each month will remain at 80 hours and will continue to be evaluated into FY24.</p>

RAFT House Outcomes

<p>Efficiency Objective: 80% of all members will attend the program at least two days per month.</p>	<p>Results: 89%, Met</p>
<p>Recommendation/Action Taken: If a member has decreased attendance RAFT House program staff will reach out to the member to encourage ongoing participation.</p>	<p>Performance Improvement Plan: During FY23 RAFT exceeded their goal of 80%. Attendance continues to fluctuate among members and will continue to be measured in FY24.</p>
<p>Efficiency Objective: 75% of the membership will participate in at least one community integration activity per month.</p>	<p>Results: 65%, Not Met</p>
<p>Recommendation/Action Taken: The Program Supervisor tracks and maintains member participation in community activities. Staff members offer numerous opportunities for community integration throughout the month.</p>	<p>Performance Improvement Plan: During FY23, members who attend the program to increase social supports and maintain stability but are able to maintain employment independently in the community were not factored into this percentage. The program was also down a staff member for a significant period during this year but is now fully staffed and are working to increase activities within the community.</p>
<p>Effectiveness Objective: 25% of the daily members in attendance will participate in a volunteer activity in the community each month or be employed.</p>	<p>Results: 27%, Met</p>
<p>Recommendation/Action Taken: RAFT House a position that is specific to working on employment related activities. The staff also help members identify opportunities for volunteering.</p>	<p>Performance Improvement Plan: This will continue to be measured in FY24.</p>

Supportive Employment Outcomes

<p>Effectiveness Objective: 70% of individuals referred to employment services will meet their employment specialist within 30 days.</p>	<p>Results: 100%, Met</p>
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<p>Recommendation/Action Taken: A report was developed in Credible to measure each job development activity.</p>	<p>Performance Improvement Plan: This measure was adjusted for FY23 and the goal was met. This will be continued into FY24.</p>
<p>Effectiveness Objective: Assist 90% of people who have lost their jobs throughout the year secure a new position if they choose to continue working and serve 3 additional individuals per year in job development for a total of 7 new jobs.</p>	<p>Results: 91%, Met</p>
<p>Recommendation/Action Taken: Finding and Securing 7 new jobs that will be tracked by Program Coordinator.</p>	<p>Performance Improvement Plan: This measure will be broken down into separate measurements in the upcoming year.</p>
<p>Effectiveness Objective: 70% of individuals will maintain their employment for five years.</p>	<p>Results: 74%, Met</p>
<p>Recommendation/Action Taken: Program Coordinator tracks this information as certificates are provided at the end of the year to individuals who have met this goal. Will coordinate with Program Coordinator annually for numbers.</p>	<p>Performance Improvement Plan: This measure will continue to be evaluated in the upcoming year.</p>
<p>Efficiency Objective: 90% of individuals in SE Individual Services will receive a minimum of two contacts each month.</p>	<p>Results: 95%, Met</p>
<p>Recommendation/Action Taken: Credible report is used to track this data by looking at each individual and what contacts they received during each month.</p>	<p>Performance Improvement Plan: The program was able to exceed their goal during FY23, and this goal will continue into FY24.</p>

FY23 Accomplishments

Lastly, the agency enjoyed success and accomplishments in many areas, as highlighted below and which was presented to the CSB Board and County Administration as part of the annual performance evaluation process. While this list provides a high-level view of the agency’s accomplishments, each team within the agency boasts their own accomplishments as each continues to do important work in this community.

- Support Coordinator of the Year recognition from SOAR 365; Pioneer Award for Peer Recovery Specialist
- School-based Mental Health Services – VACO award, expansion of program (now 6 clinicians, one clinical supervisor), a number of presentations including to VALHSO and Goochland-Powhatan CSB is developing a school-based program modeled after Hanover's
- Implementation of on-line feedback form and feedback processes both internal and for elected/appointed officials
- We Are Hanover CSB staff recruitment video
- Last three steps of Step VA – Care Coordination, Case management and psychiatric rehabilitation
- In-house Psychiatric Nurse Practitioner (after nearly a year without one)

FY24 Performance Management

The FY24 Performance Management Plan for operational objectives is likely to remain consistent with FY23. As well, ongoing enhancements to these measures are considered each year as the review and analysis of data is completed and additional data become available or no longer valid.